

**DHMH Photocopy Center  
DUPLICATION REQUEST**

\_\_\_\_\_  
DATE

Unit  
Symbol \_\_\_\_\_

PCA \_\_\_\_\_

DELIVER TO: \_\_\_\_\_

DEPT. \_\_\_\_\_

PHONE: \_\_\_\_\_

**JOB DESCRIPTION**

\_\_\_\_\_ ORIGINALS FURNISHED

\_\_\_\_\_ COPIES PER EACH

\_\_\_\_\_ TOTAL IMPRESSIONS

**CHECK APPROPRIATE ACTION:**

PRINT ONE SIDE

PRINT BOTH SIDES

COLLATE

OTHER (SPECIFY) \_\_\_\_\_

SIDE STITCH

PUNCH \_\_\_\_\_ HOLES

COLLATE/STAPLE